| Fill in this information to identify your case: | | |
|---|-------------------------------|--------------------------|
| United States Bankruptcy Court for the: | | |
| MIDDLE DISTRICT OF FLORIDA | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if the amended f |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify | Yourself | | | |
|----|---|--|--|---|---|
| | | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full nar | ne | | | |
| | Write the nan your governm picture identif example, you license or pa Bring your pic identification meeting with | nent-issued fication (for ir driver's issport). cture to your | Shiron First name Deloris Middle name Braden Last name and Suffix (Sr., Jr., II, III) | - | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other nar used in the I Include your maiden name | married or | Shiron Delois Braden | | |
| 3. | Only the last your Social S number or fe Individual Ta Identification (ITIN) | Security ederal axpayer | xxx-xx-5429 | | |

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Debtor 1 Shiron Deloris Braden Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | 7925 Merrill Rd Apt 2201 | If Debtor 2 lives at a different address: |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Duval County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | PO Box 551301 Jacksonville, FL 32255 | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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| Deb | otor 1 Shiron Deloris Bra | aden | | | Case number (if known) | |
|-----|--|---|--|---|---|-------------------------------------|
| | | | | | | |
| Par | t 2: Tell the Court About | Your Bankruptcy C | ase | | | |
| 7. | The chapter of the Bankruptcy Code you are | | | of each, see <i>Notice Required by</i> a coage 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing fo e box. | r Bankruptcy |
| | choosing to file under | ■ Chapter 7 | | | | |
| | | ☐ Chapter 11 | | | | |
| | | ☐ Chapter 12 | | | | |
| | | ☐ Chapter 13 | | | | |
| 8. | How you will pay the fee | about how y order. If you a pre-printed | ou may pay. Typion r attorney is subm d address. | cally, if you are paying the fee you itting your payment on your beha | with the clerk's office in your local court urself, you may pay with cash, cashier's call, your attorney may pay with a credit ca | check, or money rd or check with |
| | | | | Illments. If you choose this optio (Official Form 103A). | n, sign and attach the Application for Indi | viduals to Pay |
| | | but is not re applies to yo | quired to, waive your family size and | our fee, and may do so only if you I you are unable to pay the fee in | only if you are filing for Chapter 7. By law ur income is less than 150% of the official installments). If you choose this option, y ial Form 103B) and file it with your petition | poverty line that ou must fill out |
| 9. | Have you filed for | ■ No. | | | | |
| | bankruptcy within the last 8 years? | ☐ Yes. | | | | |
| | | District | : . <u></u> | When | Case number | |
| | | District | | When | Case number | |
| | | District | | When | Case number | |
| 10. | Are any bankruptcy | ■ No | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | |
| | | Debtor | | | Relationship to you | |
| | | District | | When | Case number, if known | |
| | | Debtor | | | Relationship to you | |
| | | District | | When | Case number, if known | |
| 11. | Do you rent your residence? | □ No. Go to | line 12. | | | |
| | residence? | ■ Yes. Has y | our landlord obtain | ned an eviction judgment against | you? | |
| | | • | No. Go to line 12 | 2. | | |
| | | | Yes. Fill out <i>Initi</i> bankruptcy petit | | ludgment Against You (Form 101A) and fi | le it with this |
| | | | | | | |

| Deb | Sniron Deloris Bra | aden | | Case number (if known) |
|-----|---|------------------------------------|---|---|
| | | | | |
| Par | Report About Any Bu | sinesses | You Own as a Sole Pr | oprietor |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | |
| | | ☐ Yes. | Name and location | of business |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, i | fany |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City | y, State & ZIP Code |
| | it to this petition. | | Check the appropria | ate box to describe your business: |
| | · | | | Business (as defined in 11 U.S.C. § 101(27A)) |
| | | | ☐ Single Asset | t Real Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | ☐ Stockbroker | (as defined in 11 U.S.C. § 101(53A)) |
| | | | ☐ Commodity | Broker (as defined in 11 U.S.C. § 101(6)) |
| | | | ☐ None of the | above |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation in 11 U.S | s. If you indicate that yons, cash-flow statement, S.C. 1116(1)(B). | I, the court must know whether you are a small business debtor so that it can set appropriate u are a small business debtor, you must attach your most recent balance sheet, statement of and federal income tax return or if any of these documents do not exist, follow the procedure |
| | For a definition of small | No. | I am not filing under | Chapter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chacode. | apter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am filing under Ch | apter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Par | t 4: Report if You Own or | Have Any | / Hazardous Property | or Any Property That Needs Immediate Attention |
| 14. | Do you own or have any | ■ No. | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is the hazard? | |
| | public health or safety? Or do you own any property that needs immediate attention? | | If immediate attention needed, why is it need | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | |
| | | | | Number, Street, City, State & Zip Code |
| | a.go.n.opano. | | | Number, Street, City, State & Zip Code |

Debtor 1 Shiron Deloris Braden

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | tor 1 Shiron Deloris Bra | aden | | Case nu | imber (if known) |
|------|--|-----------------------|--------------------------------------|--|--|
| Part | 6: Answer These Quest | ions for Re | eporting Purposes | | |
| 16. | What kind of debts do you have? | 16a. | | sumer debts? Consumer debts are al, family, or household purpose." | defined in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | |
| | | | Yes. Go to line 17. | | |
| | | 16b. | | ness debts? Business debts are denent or through the operation of the | |
| | | | ☐ No. Go to line 16c. | o i | |
| | | | ☐ Yes. Go to line 17. | | |
| | | 16c. | State the type of debts you owe | that are not consumer debts or bus | siness debts |
| | | | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. | Go to line 18. | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | are paid that funds will be availa | you estimate that after any exempt able to distribute to unsecured credi | property is excluded and administrative expenses tors? |
| | administrative expenses are paid that funds will | | ■ No | | |
| | be available for distribution to unsecured | | Yes | | |
| | creditors? | | | | |
| 18. | | 1 -49 | | 1 ,000-5,000 | ☐ 25,001-50,000 |
| | you estimate that you owe? | 50-99 | | ☐ 5001-10,000 | ☐ 50,001-100,000 |
| | | ☐ 100-19 | | ☐ 10,001-25,000 | ☐ More than100,000 |
| 19. | How much do you | \$0 - \$ | 50 000 | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | | 01 - \$100,000 | ☐ \$10,000,001 - \$50 million | ☐ \$1,000,000,001 - \$10 billion |
| | be worth: | □ \$100,0 | 001 - \$500,000 | □ \$50,000,001 - \$100 million | \$10,000,000,001 - \$50 billion |
| | | □ \$500,0 | 001 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion |
| 20. | How much do you | □ \$0 - \$9 | 50,000 | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion |
| | estimate your liabilities to be? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | \$1,000,000,001 - \$10 billion |
| | | | 001 - \$500,000 001 - \$1 million | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion |
| | | — \$500,0 | | | |
| Part | 7: Sign Below | | | | |
| For | you | I have ex | amined this petition, and I declar | e under penalty of perjury that the in | nformation provided is true and correct. |
| | | | | | pible, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7. |
| | | | | pay or agree to pay someone who obtice required by 11 U.S.C. § 342(b | is not an attorney to help me fill out this). |
| | | I request | relief in accordance with the cha | pter of title 11, United States Code, | specified in this petition. |
| | | bankrupto and 3571 | cy case can result in fines up to \$ | | ney or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | Shiron I | Deloris Braden of Debtor 1 | Signature of D | ebtor 2 |
| | | Executed | on April 26 2010 | Executed on | |
| | | LAGGUIEU | on April 26, 2019 MM / DD / YYYY | | MM / DD / YYYY |
| | | | | | |

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| Debtor 1 Shiron Deloris Br | aden | Cas | e number (if known) |
|--|--|---------------------------|---|
| For your attorney, if you are represented by one | under Chapter 7, 11, 12, or 13 of title 11, Unite | d States Code, and have e | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) |
| f you are not represented by an attorney, you do not need to file this page. | | | reledge after an inquiry that the information in the |
| | /s/ Hillary Nichole Mesa | Date | April 26, 2019 |
| | Signature of Attorney for Debtor | | MM / DD / YYYY |
| | Hillary Nichole Mesa 1010783 Printed name | | |
| | Cleaveland & Cleaveland, P.L. | | |
| | 10001 Gate Parkway North Jacksonville, FL 32246 Number, Street, City, State & ZIP Code | | |
| | Contact phone 904-642-2040 | Email address | jaxbankruptcy@cc-lawoffice.com |

1010783 FL Bar number & State

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| Fill | in this inform | nation to identify your | case: | | | |
|------------|-----------------|--------------------------|---|--|----------------|-------------------------------|
| Deb | otor 1 | Shiron Deloris B | | | | |
| Deb | otor 2 | First Name | Middle Name | Last Name | | |
| | use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ed States Bar | nkruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA | | |
| | e number _ | | | | | |
| (if kn | own) | | | | _ | cif this is an ded filing |
| Su Be a | mmary o | nd accurate as possib | ole. If two married people | nd Certain Statistical Information are filing together, both are equally responsible be information on this form. If you are filing amer | for supplyin | |
| | original forn | | | k the box at the top of this page. | ded scriedu | ies aiter you me |
| r ar | Cummi | anze rour Assets | | | Your a | ssets of what you own |
| 1. | | /B: Property (Official F | | | \$ | 0.00 |
| | ., | | | | | 41,123.00 |
| | | | | | | |
| | | | y on Schedule A/B | | \$ | 41,123.00 |
| Par | 2: Summa | arize Your Liabilities | | | | |
| | | | | | | abilities t you owe |
| 2. | | | claims Secured by Property mn A, Amount of claim, at t | (Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule D.</i> . | . \$ | 4,555.52 |
| 3. | | | Unsecured Claims (Official 1 (priority unsecured claim | I Form 106E/F) is) from line 6e of <i>Schedule E/F</i> | \$ | 0.00 |
| | 3b. Copy the | e total claims from Part | 2 (nonpriority unsecured cl | laims) from line 6j of <i>Schedule E/F</i> | \$ | 65,158.27 |
| | | | | | | , |
| | | | | Your total liabilitie | s \$ | 69,713.79 |
| Par | 3: Summa | arize Your Income and | l Expenses | | | |
| 4. | | Your Income (Official Fo | | · I | \$ | 3,211.47 |
| 5. | Schedule J: | Your Expenses (Officia | l Form 106J) | | \$ | 3.158.00 |
| Daw | | , , | | atical Decords | Ψ | 5,100.00 |
| Par | | | · Administrative and Stati | | | |
| 6. | - | • • • | er Chapters 7, 11, or 13? ton this part of the form. Ch | heck this box and submit this form to the court with y | our other sch | nedules. |
| | Yes | .f. daht da ha | | | | |
| 7. | Wilat Killa C | of debt do you have? | | | | |
| 7. | Your d | ebts are primarily con | | debts are those "incurred by an individual primarily for g for statistical purposes. 28 U.S.C. § 159. | or a personal, | family, or |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

the court with your other schedules.

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Debtor 1 Shiron Deloris Braden

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 4,664.75

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total cla | im |
|--|-----------|------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| Fill in this infor | mation to identify your case a | nd this filings | | | |
|---|---|--|-------------------------------|---|--|
| | | na this ming: | | | |
| Debtor 1 | Shiron Deloris Braden First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: MIDD | LE DISTRICT OF FLORIDA | | | |
| Case number | | | | | ☐ Check if this is an |
| _ | | - | | | amended filing |
| | | | | | |
| Official Fo | orm 106A/B | | | | |
| | le A/B: Property | \1 | | | 40/45 |
| | separately list and describe items. | | accet fits in more than one | antogony list the asset in t | 12/15 |
| think it fits best. E | Be as complete and accurate as po re space is needed, attach a separ | ossible. If two married people a | are filing together, both are | equally responsible for sup | plying correct |
| Part 1: Describe | Each Residence, Building, Land, | or Other Real Estate You Own | or Have an Interest In | | |
| 1. Do you own or | have any legal or equitable interes | st in any residence, building. la | and, or similar property? | | |
| _ | | 3 , | | | |
| No. Go to Pa | | | | | |
| ☐ Yes. Where | is the property? | | | | |
| Part 2: Describe | Your Vehicles | | | | |
| □ No ■ Yes | | | | | |
| 3.1 Make: | Saturn | Who has an interest in the | property? Check one | Do not deduct secured claim | |
| Model: | Aura Xr | Debtor 1 only | | the amount of any secured Creditors Who Have Claim | |
| Year: | 2009 | Debtor 2 only | | Current value of the | Current value of the |
| | te mileage: 124700 | Debtor 1 and Debtor 2 on | • | entire property? | portion you own? |
| Other infor | | At least one of the debtors | s and another | | |
| vernoie. | Citay | Check if this is commun (see instructions) | ity property | \$3,949.00 | \$3,949.00 |
| Examples: Boa No Yes S Add the dolla pages you have pages. | ircraft, motor homes, ATVs an ats, trailers, motors, personal wa ar value of the portion you ow ave attached for Part 2. Write of Your Personal and Household Ite have any legal or equitable in | tercraft, fishing vessels, snow | wmobiles, motorcycle acco | entries for | \$3,949.00 urrent value of the ortion you own? o not deduct secured |
| 6. Household a | oods and furnishings | | | CI | aims or exemptions. |

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Schedule A/B: Property Official Form 106A/B

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| Examples. No Yes. Do Collectible Examples. No Yes. Do Requipmen | Sofa, loveseat, TV stand, two end table chair, dining room table and four chair mattress and bed frame, dresser, two and chair, full size mattress and bed fra dresser, full size mattress and bed frame, dresser, child's desk, and patio set with the work of th | rs, buffet table, queen size nightstands, computer desk rame, two nightstands, me, two nightstands, th table and two chairs. \$800.0 \$200.0 |
|--|--|--|
| Examples. No Yes. Do R. Collectible Examples. No Yes. Do 9. Equipmen | chair, dining room table and four chair mattress and bed frame, dresser, two and chair, full size mattress and bed fra dresser, full size mattress and bed frame, dresser, full size mattress and bed frame, dresser, full size mattress and bed frame, dresser, child's desk, and patio set with the second se | rs, buffet table, queen size nightstands, computer desk rame, two nightstands, me, two nightstands, th table and two chairs. \$200.0 ment; computers, printers, scanners; music collections; electronic devices s, coffee maker, mixer, \$300.0 |
| Examples. No Yes. Do Collectible Examples. No Yes. Do Requipmen | s Televisions and radios; audio, video, stereo, and digital equiporal including cell phones, cameras, media players, games escribe 4 TVs, Iphone, laptop, printer, 2 tablets toaster, and small food processor. es of value Antiques and figurines; paintings, prints, or other artwork; boo | s, coffee maker, mixer, \$300.0 |
| No Yes. Do R. Collectible Examples. No Yes. Do 9. Equipmen | Televisions and radios; audio, video, stereo, and digital equip including cell phones, cameras, media players, games escribe 4 TVs, Iphone, laptop, printer, 2 tablets toaster, and small food processor. es of value: Antiques and figurines; paintings, prints, or other artwork; boo | s, coffee maker, mixer, \$300.0 |
| Examples. ■ No □ Yes. Do 9. Equipmen | toaster, and small food processor. es of value Antiques and figurines; paintings, prints, or other artwork; boo | \$300.0 |
| ■ No □ Yes. D | : Antiques and figurines; paintings, prints, or other artwork; boo | ks, pictures, or other art objects; stamp, coin, or baseball card collections; |
| ■ No □ Yes. D | t for sports and hobbies : Sports, photographic, exercise, and other hobby equipment; b musical instruments | picycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; |
| 10. Firearms Example: No □ Yes. De | s: Pistols, rifles, shotguns, ammunition, and related equipment | |
| 11. Clothes Example: □ No ■ Yes. December 1. | s: Everyday clothes, furs, leather coats, designer wear, shoes, escribe | accessories |
| | Clothing and Other Wearing Apparel | \$50.0 |
| 12. Jewelry Example: □ No ■ Yes. D | s: Everyday jewelry, costume jewelry, engagement rings, wedd | ling rings, heirloom jewelry, watches, gems, gold, silver |
| | Costume Jewelry | \$50.0 |
| ■ No □ Yes. D | s: Dogs, cats, birds, horses | ncluding any health aids you did not list |

Official Form 106A/B Schedule A/B: Property Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com

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| Debtor 1 | Shiron Deloris Braden | Case number (if known) | |
|---------------|--|---|---|
| | the dollar value of all of your entries from Pa Part 3. Write that number here | art 3, including any entries for pages you have attached | \$1,400.00 |
| Part 4: D | escribe Your Financial Assets | L | |
| Do you o | own or have any legal or equitable interest in | any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | | me, in a safe deposit box, and on hand when you file your petitio | n |
| | sits of money nples: Checking, savings, or other financial acco institutions. If you have multiple accounts | unts; certificates of deposit; shares in credit unions, brokerage h with the same institution, list each. | ouses, and other similar |
| | S | Institution name: | |
| | 17.1. | Checking Account: VyStar Credit Union | \$10.00 |
| | 17.2. | Savings Account: VyStar Credit Union | \$5.00 |
| | 17.3. | Checking Account: 121 Financial Credit Union | \$233.00 |
| | 17.4. | Savings Account: 121 Financial Credit Union | \$5.00 |
| | 17.5. | Savings Account: Penfed Credit Union | \$21.00 |
| | 17.6. | Savings Account: JP Morgan Chase Bank | \$0.00 |
| Exan | s, mutual funds, or publicly traded stocks nples: Bond funds, investment accounts with bro | kerage firms, money market accounts | |
| ■ No □ Yes | Institution or issuer r | name: | |
| joint | oublicly traded stock and interests in incorpoventure | rated and unincorporated businesses, including an interest | in an LLC, partnership, and |
| ■ No □ Yes | s. Give specific information about them Name of entity: | % of ownership: | |
| Nego Non-l | rnment and corporate bonds and other nego otiable instruments include personal checks, cast negotiable instruments are those you cannot trai | niers' checks, promissory notes, and money orders. | |
| ■ No □ Yes | s. Give specific information about them Issuer name: | | |
| | ement or pension accounts nples: Interests in IRA, ERISA, Keogh, 401(k), 4 | 03(b), thrift savings accounts, or other pension or profit-sharing p | olans |

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| Debtor 1 | Shiron Deloris Braden | Case number (if known) | |
|---------------------|---|---|---|
| ■ Yes | List each account separately. Type of account: | Institution name: | |
| | | Retirement: Roth Ira Savings VyStar Credit Union | Unknown |
| | | Retirement: Thriift Savings Plan | \$35,500.00 |
| Your <i>Exan</i> | | hat you may continue service or use from a company ublic utilities (electric, gas, water), telecommunications companie | s, or others |
| ■ No □ Yes | | Institution name or individual: | |
| 23. Annu i | ities (A contract for a periodic payment of money | to you, either for life or for a number of years) | |
| | Issuer name and description. | | |
| | sts in an education IRA, in an account in a qua S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). | alified ABLE program, or under a qualified state tuition prog | ram. |
| | Institution name and description. | Separately file the records of any interests.11 U.S.C. § 521(c): | |
| ■ No | s, equitable or future interests in property (oth | ner than anything listed in line 1), and rights or powers exerc | cisable for your benefit |
| Exam ■ No | nts, copyrights, trademarks, trade secrets, and nples: Internet domain names, websites, proceeds | | |
| | Give specific information about them | | |
| | ses, franchises, and other general intangibles apples: Building permits, exclusive licenses, cooperations. | rative association holdings, liquor licenses, professional licenses | |
| ☐ Yes | . Give specific information about them | | |
| Money or | r property owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax re | efunds owed to you | | |
| ■ No □ Yes | . Give specific information about them, including | whether you already filed the returns and the tax years | |
| <i>Exam</i> ■ No | y support nples: Past due or lump sum alimony, spousal sup . Give specific information | oport, child support, maintenance, divorce settlement, property so | ettlement |
| | amounts someone owes you | | |
| | | nts, disability benefits, sick pay, vacation pay, workers' compens ne else | ation, Social Security |
| ☐ Yes | . Give specific information | | |
| | ests in insurance policies inples: Health, disability, or life insurance; health s | avings account (HSA); credit, homeowner's, or renter's insurance | 9 |

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| Debtor 1 | Shiron Deloris Braden | Case number (if known) | |
|----------------|---|---|----------------------------|
| ☐ Yes | . Name the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| If you some | nterest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance one has died. . Give specific information | policy, or are currently entitled to reco | eive property because |
| Exam ■ No | s against third parties, whether or not you have filed a lawsuit or manples: Accidents, employment disputes, insurance claims, or rights to sue. Describe each claim | de a demand for payment | |
| ■ No | contingent and unliquidated claims of every nature, including count | erclaims of the debtor and rights to | set off claims |
| ■ No | nancial assets you did not already list . Give specific information | | |
| | the dollar value of all of your entries from Part 4, including any entri Part 4. Write that number here | | \$35,774.00 |
| Part 5: D | escribe Any Business-Related Property You Own or Have an Interest In. List a | ny real estate in Part 1. | |
| ■ No. G | own or have any legal or equitable interest in any business-related property? to to Part 6. Go to line 38. | | |
| | escribe Any Farm- and Commercial Fishing-Related Property You Own or Hav you own or have an interest in farmland, list it in Part 1. | e an Interest In. | |
| ■ No | ou own or have any legal or equitable interest in any farm- or comments. Go to Part 7. s. Go to line 47. | cial fishing-related property? | |
| Part 7: | Describe All Property You Own or Have an Interest in That You Did Not Lis | t Above | |
| | nu have other property of any kind you did not already list? Inples: Season tickets, country club membership | | |
| | . Give specific information | | |
| 54. Add | the dollar value of all of your entries from Part 7. Write that number | here | \$0.00 |

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| Deb | shiron Deloris Braden | | Case number (if known) | |
|------|--|-------------|------------------------------|-------------|
| Part | 8: List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | \$3,949.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$1,400.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$35,774.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$41,123.00 | Copy personal property total | \$41,123.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$41,123.00 |

| 31 | II in this information to ide | entify your case: | | | | | |
|--|--|--|---|--|---|---|--|
| | | Deloris Braden | | | | | |
| D. | First Name | | fiddle Name | L | ast Name | | |
| | ebtor 2 pouse if, filing) First Name | M | 1iddle Name | | ast Name | | |
| | 3, | | | | | | |
| UI | nited States Bankruptcy Cou | in for the: MIDDI | LE DISTRICT OF FLO | KIDA | · | | |
| | ase numberknown) | | | | | | |
| | | | | | | _ | amended filing |
| <u>O</u> | fficial Form 106 | <u>C</u> | | | | | |
| S | chedule C: T | he Proper | ty You Cla | ıim | as Exempt | | 4/19 |
| For sport of the transfer of t | property you listed on Scheded, fill out and attach to the ended, fill out and attach to the enumber (if known). If each item of property you ecific dollar amount as exity applicable statutory limited—may be unlimited in demption to a particular dolthe applicable statutory and the applicable statutory an | u claim as exemption and federal nonban al exemptions. 11 le exemptions. 14 le exemptions. 14 le exemptions. 16 le exemptions. 16 le exemptions. 17 le exemptions. 18 le exemptions. 18 le exemptions. 19 le exemptions exem | (Official Form 106A/B) pies of Part 2: Addition you must specify the you may claim the fis—such as those for ever, if you claim and evalue of the propert exempt ? Check one only, even kruptcy exemptions. J.S.C. § 522(b)(2) that you claim as exempt | e amore in the amo | fill in the information below. | oclaim as ex y additional p One way of sing exempt benefits, an ue under a I t, your exer | empt. If more space is pages, write your name and foliong so is to state a fed up to the amount of distance that limits the amption would be limited |
| | Brief description of the proposchedule A/B that lists this | | Current value of the portion you own Copy the value from | | ount of the exemption you claim | Specific la | ws that allow exemption |
| | | | Schedule A/B | Check only one box for each exemption. | | | |
| | 2009 Saturn Aura Xr 1 | 24700 miles | \$3,949.00 | | \$1,000.00 | Fla. Stat | . Ann. § 222.25(1) |
| | Vehicle: Gray Line from Schedule A/B: 3 | 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Sofa, loveseat, TV statables, coffee table, re | | \$800.00 | | \$800.00 | Fla. Con | st. art. X, § 4(a)(2) |
| | dining room table and buffet table, queen siz bed frame, dresser, to computer desk and cl mattress and bed fram nightstand Line from Schedule A/B: 6 | ze mattress and wo nightstands, hair, full size ne, two | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Washer and Dryer Line from Schedule A/B: 6 | : 2 | \$200.00 | | \$200.00 | Fla. Con | st. art. X, § 4(a)(2) |
| | Line IIOIII Schedule A/B. | ,. £ | | | 100% of fair market value, up to any applicable statutory limit | | |
| | 4 TVs, Iphone, laptop | | \$300.00 | | \$300.00 | Fla. Stat | . Ann. § 222.25(4) |
| | tablets, coffee maker, and small food proces | | | | 100% of fair market value, up to | | |

Official Form 106C

any applicable statutory limit

Line from Schedule A/B: 7.1

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| | | | Case number (if known) | |
|--|--------------------------------------|-----|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | ount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| Clothing and Other Wearing Apparel Line from Schedule A/B: 11.1 | \$50.00 | | \$50.00 | Fla. Stat. Ann. § 222.25(4) |
| LINE HOM Schedule AVB. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Costume Jewelry | \$50.00 | | \$50.00 | Fla. Stat. Ann. § 222.25(4) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking Account: VyStar Credit Jnion | \$10.00 | | \$10.00 | Fla. Stat. Ann. § 222.25(4) |
| ine from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Savings Account: VyStar Credit Jnion | \$5.00 | | \$5.00 | Fla. Stat. Ann. § 222.25(4) |
| Line from Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking Account: 121 Financial Credit Union | \$233.00 | | \$233.00 | Fla. Stat. Ann. § 222.25(4) |
| Line from Schedule A/B: 17.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| Savings Account: 121 Financial Credit Union | \$5.00 | | \$5.00 | Fla. Stat. Ann. § 222.25(4) |
| Line from Schedule A/B: 17.4 | | | 100% of fair market value, up to any applicable statutory limit | |
| Savings Account: Penfed Credit Jnion | \$21.00 | | \$21.00 | Fla. Stat. Ann. § 222.25(4) |
| Line from Schedule A/B: 17.5 | | | 100% of fair market value, up to any applicable statutory limit | |
| Savings Account: JP Morgan Chase Bank | \$0.00 | | \$0.00 | Fla. Stat. Ann. § 222.25(4) |
| ine from Schedule A/B: 17.6 | | | 100% of fair market value, up to any applicable statutory limit | |
| Retirement: Roth Ira Savings VyStar Credit Union | Unknown | | 100% | Fla. Stat. Ann. § 222.21(2) |
| Line from Schedule A/B: 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Retirement: Thriift Savings Plan Line from Schedule A/B: 21.2 | \$35,500.00 | | 100% | Fla. Stat. Ann. § 222.21(2) |
| | | | 100% of fair market value, up to any applicable statutory limit | |

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| | | Case 3.1 | 9-DK-01374-3AI DOC 1 | . Tileu u | 14/20/19 Fag | JE 10 01 70 | |
|------------------|---|-----------------------|--|------------------|--|--|--------------------------|
| Fill i | n this informati | on to identify you | ır case: | | | | |
| Debt | | Shiron Deloris I | Braden Middle Name | Last Name | | | |
| Debt (Spous | _ | First Name | Middle Name | Last Name | | | |
| Unite | ed States Bankru | ptcy Court for the | MIDDLE DISTRICT OF FLORID |)A | | | |
| Case (if know | e number wn) | | | | | | if this is an |
| Offi | cial Form 1 | 06D | | | | | |
| | | | Who Have Claims S | Secured | by Property | y | 12/15 |
| is nee | | | If two married people are filing togethe out, number the entries, and attach it to | | | | |
| 1. Do a | any creditors hav | e claims secured b | y your property? | | | | |
| | ☐ No. Check this | s box and submit t | his form to the court with your other s | schedules. Yo | u have nothing else to | o report on this form. | |
| | Yes. Fill in all | of the information | below. | | | | |
| Part | 1 List All Se | ecured Claims | | | | | |
| | | | more than an accurad plain list the area | litar aanaratalu | Column A | Column B | Column C |
| for ea | ach claim. If more t | than one creditor has | more than one secured claim, list the crec s a particular claim, list the other creditors cal order according to the creditor's name | in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 | One Main Fin | nancial | Describe the property that secures the | ne claim: | \$4,555.52 | \$3,949.00 | \$606.52 |
| | Creditor's Name | | 2009 Saturn Aura Xr 124700 Vehicle: Gray | miles | | | |
| | 1795 Keenan 103 Jacksonville | | As of the date you file, the claim is: capply. | Check all that | | | |
| | | | ☐ Contingent | | | | |
| \A/la a | Number, Street, City | | ☐ Unliquidated ☐ Disputed | | | | |
| _ | owes the debt? | Check one. | Nature of lien. Check all that apply. | | d | | |
| _ | ebtor 1 only | | An agreement you made (such as more car loan) | lortgage or secu | irea | | |
| _ | ebtor 2 only | 0 1 | , Полити и и и и | | | | |
| | ebtor 1 and Debtor | ebtors and another | ☐ Statutory lien (such as tax lien, med ☐ Judgment lien from a lawsuit | nanic's lien) | | | |
| □с | heck if this claim community debt | | Other (including a right to offset) | | | | |
| Date | debt was incurred | 10/29/2018 | Last 4 digits of account numb | er <u>5089</u> | | | |
| | | | | | | | |
| | | - | olumn A on this page. Write that numb | er here: | \$4,55 | 55.52 | |
| | nis is the last page te that number he | | the dollar value totals from all pages. | | \$4,55 | 55.52 | |
| Part | 2: List Others | to Be Notified fo | r a Debt That You Already Listed | | | | |

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | Case 3.19 | DK-01314-371 | DOC 1 I IICU | 04/20/19 Page 1 | .9 01 70 |
|------------------------------------|--|--|-----------------------------|--|---|
| Fill in t | his information to identify your | case: | | | |
| Debtor | 1 Shiron Deloris Br | aden | | | |
| Dobto. | First Name | Middle Name | Last Name | | |
| Debtor | | | | | |
| (Spouse it | f, filing) First Name | Middle Name | Last Name | | |
| United | States Bankruptcy Court for the: | MIDDLE DISTRICT O | F FLORIDA | | |
| Case n | umber | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Officia | al Farm 106E/E | | | | |
| | al Form 106E/F | lha Haya Unaas | oured Claims | | 12/15 |
| | dule E/F: Creditors W | | | | 12/15 RIORITY claims. List the other party to |
| Schedule left. Attac name an | ch the Continuation Page to this pag d case number (if known). — | ured by Property. If more e. If you have no informa | space is needed, copy | the Part you need, fill it out, nu | cured claims that are listed in umber the entries in the boxes on the of any additional pages, write your |
| Part 1: | | | | | |
| _ | any creditors have priority unsecure | d claims against you? | | | |
| - | No. Go to Part 2. | | | | |
| | | | | | |
| Part 2: | List All of Your NONPRIORIT | Y Unsecured Claims | | | |
| 3. Do a | any creditors have nonpriority unsec | cured claims against you? | ? | | |
| | No. You have nothing to report in this p | art. Submit this form to the | court with your other sch | edules. | |
| • | Yes. | | | | |
| unse | all of your nonpriority unsecured clecured claim, list the creditor separatel none creditor holds a particular claim, let 2. | y for each claim. For each o | claim listed, identify what | type of claim it is. Do not list clair | ms already included in Part 1. If more |
| | | | | | Total claim |
| 4.1 | Aaron's Sales & Lease | Last 4 dig | its of account number | 6713 | Unknown |
| | Nonpriority Creditor's Name | | | | |
| | Attn: Bankruptcy | When we | o the debt incomed? | Opened 7/03/14 Last | Active |
| | Po Box 100039 Kennesaw, GA 30156 | when was | s the debt incurred? | 4/15/16 | |
| | Number Street City State Zip Code | As of the | date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contin | gent | | |
| | Debtor 2 only | ☐ Unliqui | dated | | |
| | Debtor 1 and Debtor 2 only | ☐ Dispute | ed | | |
| | ☐ At least one of the debtors and an | other Type of N | ONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a com | munity | nt loans | | |
| | debt | ☐ Obligat | | aration agreement or divorce that | t you did not |
| | Is the claim subject to offset? | | priority claims | | |
| | ■ No | ☐ Debts | | ng plans, and other similar debts | |
| | Yes | Other. | Specify Lease | | |

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| Debt | Shiron Deloris Braden | | | | | |
|------|---|--|---|------------|--|--|
| 4.2 | Aaron's Sales & Lease | Last 4 digits of account number | 7842 | Unknown | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 100039 Kennesaw, GA 30156 | When was the debt incurred? | Opened 7/13/10 Last Active 6/13/12 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | |
| | Yes | Other. Specify Lease | | | | |
| 4.3 | American Express | Last 4 digits of account number | | \$314.00 | | |
| | Nonpriority Creditor's Name P O Box 981537 El Paso, TX 79998 | When was the debt incurred? | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | • | , | | | |
| | Debtor 1 only | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| | No | Debts to pension or profit-sharir | a plane, and other similar debts | | | |
| | ■ No | Other. Specify Credit card | • | | | |
| 1.4 | Belk | Last 4 digits of account number | | \$1,308.81 | | |
| 7.7 | Nonpriority Creditor's Name | | | φ1,300.01 | | |
| | Synchrony Bank/belk Po Box 530940 | When was the debt incurred? | | | | |
| | Atlanta, GA 30353 | | Francis III III II II | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | IS: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if this claim is for a community | Charles Lance | | | | |
| | debt | | aration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing | | | | |
| | Yes | Other. Specify Credit card | purchases | | | |

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| Debtor | 1 Shiron Deloris Braden | Case number (if known) | | | |
|--------|---|---|----------|--|--|
| 4.5 | Best Buy/cbna | Last 4 digits of account number | \$974.00 | | |
| | Nonpriority Creditor's Name P O Box 6497 | When was the debt incurred? | | | |
| | Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | ☐ Yes | ■ Other Specify Credit card purchases | | | |
| 4.6 | Bloomingdales Department | Last 4 digits of account number | \$158.00 | | |
| | Nonpriority Creditor's Name | When was the debt incurred? | | | |
| | P O Box 8218 Mason, OH 45040 | when was the debt incurred? | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | □Yes | ■ Other. Specify Credit card purchases | | | |
| 4.7 | Capital One | Last 4 digits of account number | \$927.00 | | |
| | Nonpriority Creditor's Name P O Box 30281 | When was the debt incurred? | · | | |
| | Salt Lake City, UT 84130 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | As of the date you me, the damins. Oneth an that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Credit card purchases | | | |

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| Debto | Sniron Deloris Braden | | Case number (if known) | |
|-------|--|--|---|-----------------|
| 4.8 | Capital One | Last 4 digits of account number | 2672 | \$948.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 08/16 Last Active 1/05/19 | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Credit card | purchases | |
| | _ 166 | Other. Specify | , parenasse | |
| 4.9 | Capital One | Last 4 digits of account number | 3841 | \$945.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 06/15 Last Active 2/01/19 | |
| | Number Street City State Zip Code | As of the date you file, the claim | | |
| | Who incurred the debt? Check one. | - | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Credit card | purchases | |
| 4.1 | Oswital Owa | | 0000 | * 000 00 |
| 0 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | <u>8999</u> | \$923.00 |
| | Attn: Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 10/12 Last Active 11/21/18 | |
| | Salt Lake City, UT 84130 | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure ☐ Student loans | u Cianili. | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | ☐ Debts to pension or profit-sharing | • | |
| | Yes | ■ Other. Specify Credit card | purchases | |

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| Debtor 1 Shiron Deloris Braden | | | | |
|--------------------------------|---|---|--|----------|
| 4.1 | | | | |
| 1 | Capital One | Last 4 digits of account number | 8455 | Unknown |
| | Nonpriority Creditor's Name Attn: Bankruptcy | | Opened 12/11 Last Active | |
| | Po Box 30285 | When was the debt incurred? | 1/17/15 | |
| | Salt Lake City, UT 84130 | | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Credit card | purchases | |
| 4.1 | Capital One | Last 4 digits of account number | 2364 | Unknown |
| 2 | Nonpriority Creditor's Name | | | |
| | Attn: Bankruptcy | | Opened 12/10 Last Active | |
| | Po Box 30285 | When was the debt incurred? | 4/13/13 | |
| | Salt Lake City, UT 84130 Number Street City State Zip Code | As of the date you file, the claim i | s: Chack all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | S. Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | | | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | l eleber. | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | i ciaim: | |
| | ☐ Check if this claim is for a community debt | _ | | |
| | Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Credit card | purchases | |
| | | | <u> </u> | |
| 4.1 3 | Capital One Bank Usa Na Nonpriority Creditor's Name | Last 4 digits of account number | | \$907.00 |
| | P O Box 30281 Salt Lake City, UT 84130 | When was the debt incurred? | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | - | |
| | ■ No | Debts to pension or profit-sharing | - : | |
| | ☐ Yes | ■ Other. Specify Credit card | purchases | |

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| Shiron Deloris Braden | | Case number (if known) | |
|--|---|--|----------------|
| Osnikal One N.a | | | # 000 0 |
| Capital One, N.a. | Last 4 digits of account number | | \$929.0 |
| Nonpriority Creditor's Name P O Box 30253 Salt Lake City, UT 84130 | When was the debt incurred? | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | • , | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharir | ng plans, and other similar debts | |
| □ Yes | Other. Specify Credit card | l purchases | |
| Capital One/Dressbarn | Last 4 digits of account number | 0850 | Unknow |
| Nonpriority Creditor's Name | | | |
| Po Box 30258 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 11/13 Last Active 4/13/16 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | , | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | | |
| Yes | Other. Specify Credit card | l purchases | |
| Capital One/Justice | Last 4 digits of account number | 0297 | Unknow |
| Nonpriority Creditor's Name Attn: Bankruptcy | | Opened 08/16 Last Active | |
| Po Box 30258 | When was the debt incurred? | 12/17/17 | |
| Salt Lake City, UT 84130 | _ | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | _ | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | d alatas | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | a ciaim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | and the second of the second o | |
| ls the claim subject to offset? | Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharir | ng plans, and other similar debts | |
| ☐ Yes | ■ Other Specify Credit card | | |

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| otor 1 Shiron Deloris Braden | | Case number (if known) | |
|--|--|---|------------|
| Chase | Last 4 digits of account number | | \$3,257.00 |
| Nonpriority Creditor's Name P O Box 15298 | When was the debt incurred? | | |
| Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Credit card | l purchases | |
| Chase Card Services | Last 4 digits of account number | 2657 | \$3,367.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15298 | When was the debt incurred? | Opened 06/16 Last Active 12/21/18 | |
| Wilmington, DE 19850 | — As a full a later of the discretion | . 0 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Cneck all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Credit card | l purchases | |
| Choice Recovery | Last 4 digits of account number | 5429 | \$74.0 |
| Nonpriority Creditor's Name 1550 Old Henderson Road Suite 100 | When was the debt incurred? | Opened 09/17 | |
| Columbus, OH 43220 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharir | og plane, and other similar debte | |
| ■ No | | | |
| Yes | Other. Specify Collection | Account | |

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| ebto | Shiron Deloris Braden | | Case number (if known) | |
|------|--|--|---|------------|
| .2 | Citibank/Best Buy | Last 4 digits of account number | 2696 | \$1,038.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 790441 St. Louis, MO 63179 | When was the debt incurred? | Opened 05/14 Last Active 12/15/18 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit card | purchases | |
| 2 | Citibank/Exxon Mobile Nonpriority Creditor's Name | Last 4 digits of account number | 7416 | \$281.00 |
| | Po Box 790034 Saint Louis, MO 63179 | When was the debt incurred? | Opened 10/16 Last Active 2/15/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Credit card | purchases | |
| | Comenity Bank/Lane Bryant Nonpriority Creditor's Name | Last 4 digits of account number | 9617 | Unknowr |
| | Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 | When was the debt incurred? | Opened 07/15 Last Active 11/21/15 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| | ☐ Yes | ■ Other Specify Charge Acc | | |
| | — 100 | - Uner Specify Crising Av | · · · · · | |

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| 1 Shiron Deloris Braden | | Case number (if known) | |
|---|---|--|------------|
| Comenity Bank/VS | Last 4 digits of account number | 8760 | Unknown |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus. OH 43218 | When was the debt incurred? | Opened 02/16 Last Active 6/20/16 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Credit card | purchases | |
| Comenity Bkl/Ulta | Last 4 digits of account number | 1359 | \$864.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218 | When was the debt incurred? | Opened 12/16 Last Active 12/20/18 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Credit card | purchases | |
| Comenity Capital Bank/HSN | Last 4 digits of account number | 9214 | \$1,750.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218 | When was the debt incurred? | Opened 04/14 Last Active 11/18/18 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| □Yes | ■ Other. Specify Credit card | purchases | |

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| Shiron Deloris Braden | | Case number (if known) | |
|---|---|--|-----------|
| Comenity Capital Bank/ulta | land Address of annual accordance | | \$844.00 |
| Nonpriority Creditor's Name P O Box 182120 | Last 4 digits of account number When was the debt incurred? | | Ψ044.0 |
| Columbus, OH 43218 | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| _ | | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | d alata. | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ■ No | Other. Specify Credit card | | |
| | — Other. Speeny | <u>. </u> | |
| Comenity Capital/hsn | Last 4 digits of account number | | \$1,750.0 |
| Nonpriority Creditor's Name P O Box 182120 | When was the debt incurred? | | |
| Columbus, OH 43218 | | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | a plane, and other similar debte | |
| ■ No □ Yes | Other. Specify Credit card | | |
| 1 165 | Other. Specify Ordan data | - Paronasso | |
| Credit First National Assoc | Last 4 digits of account number | 8336 | \$1,126.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 81315 | When was the debt incurred? | Opened 08/14 Last Active 8/04/18 | |
| Cleveland, OH 44181 | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| At least one of the debtors and another | Student loans | u Ciaiiii. | |
| ☐ Check if this claim is for a community debt | _ | protion agreement or diverse that you did not | |
| ls the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □ Yes | ■ Other Specify Credit card | | |
| — 100 | Uther, Specify | pa. 0.14000 | |

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| Shiron Deloris Braden | | Case number (if known) | |
|--|--|---|------------|
| Credit One | Last 4 digits of account number | | \$1,147.00 |
| Nonpriority Creditor's Name P O Box 98872 | When was the debt incurred? | 09/9/2015 | |
| Las Vegas, NV 89193 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | , | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| □ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other Specify Credit card | | |
| Credit One | Last 4 digits of account number | | \$687.00 |
| Nonpriority Creditor's Name | | | , |
| P O Box 98872 | When was the debt incurred? | 12/8/2016 | |
| Las Vegas, NV 89193 Number Street City State Zip Code | As of the date you file, the claim | is: Chack all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim | в. Спеск ан так арру | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | | | |
| Debtor 1 and Debtor 2 only | ☐ Unliquidated | | |
| • | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| At least one of the debtors and another | Student loans | d dann. | |
| ☐ Check if this claim is for a community | _ | aration agreement or divorce that you did not | |
| s the claim subject to offset? | report as priority claims | tration agreement of divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐Yes | ■ Other. Specify Credit card | purchases | |
| Credit One Bank | Last 4 digits of account number | 0061 | Unknown |
| Ionpriority Creditor's Name | _ | One and 00/45 Look Active | |
| Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193 | When was the debt incurred? | Opened 09/15 Last Active 4/25/17 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| □ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | 0 0 1 | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □ Yes | Other Specify Credit card | purchases | |

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| Shiron Deloris Braden | | Case number (if known) | |
|---|--|---|------------|
| Credit One Bank | Look 4 digito of account pumber | 5259 | Unknown |
| Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 | Last 4 digits of account number When was the debt incurred? | Opened 12/16 Last Active 4/25/17 | Olikilowii |
| Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Credit card | purchases | |
| Credit Service of Oregon | Last 4 digits of account number | 2232 | \$121.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 1208 | When was the debt incurred? | Opened 05/18 | |
| Roseburg, OR 97470 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Collection | Account | |
| Dsnb Bloomingdales | Last 4 digits of account number | 1821 | \$158.00 |
| Nonpriority Creditor's Name Attn: Recovery "Bk" Po Box 9111 | When was the debt incurred? | Opened 03/14 Last Active 12/15/18 | |
| Mason, OH 45040 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| Yes | Other Specify Credit card | • | |
| ∟ 1€5 | Uther, Specify Credit Card | paronases | |

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| 1 Shiron Deloris Braden | | Case number (if known) | |
|--|--|--|-----------|
| Exxnmobil/citibank Cbna | Look A digita of account number | | \$143.0 |
| Nonpriority Creditor's Name Po Box 6497 | Last 4 digits of account number When was the debt incurred? | | ψ143.0 |
| Sioux Falls, SD 57117 | _ | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| _ | - | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Credit card | purchases | |
| Fingerhut | Last 4 digits of account number | 6477 | \$1,625.0 |
| Nonpriority Creditor's Name | _ | 0 105/40 1 14 4 4 | |
| Attn: Bankruptcy Po Box 1250 | When was the debt incurred? | Opened 05/12 Last Active 1/20/19 | |
| Saint Cloud, MN 56395 | when was the dept incurred: | 1/20/19 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □ Yes | Other. Specify Credit card | purchases | |
| First Coast Foot & Ankle | Local A distinct of account number | | \$123.8 |
| Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ125.0 |
| 8075 Gate Zpkwy W Ste 301 Jacksonville, FL 32216 | When was the debt incurred? | 05/4/2018 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | ☐ Debts to pension or profit-sharin | | |
| □Yes | ■ Other. Specify Medical Bil | I | |

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| Debto | Shiron Deloris Braden | Shiron Deloris Braden Case number (if known) | | |
|-------|---|--|---|------------|
| 1.3 | E A Barrier Barrier | | 5045 | |
| 3 | First Premier Bank | Last 4 digits of account number | 5645 | Unknown |
| | Nonpriority Creditor's Name Attn: Bankruptcy | | Opened 06/14 Last Active | |
| | Po Box 5524 | When was the debt incurred? | 2/01/17 | |
| | Sioux Falls, SD 57117 | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Credit card | purchases | |
| .3 | K Jordan | Look & distinct of account mountain | | \$250.00 |
| | Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ230.00 |
| | P O Box 2809 | When was the debt incurred? | | |
| | Monroe, WI 53566 Number Street City State Zip Code | As of the date you file, the claim | is: Chack all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | s. Oneck an that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | <u></u> | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | nation agreement of divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | ■ Other. Specify Collection | Account | |
| 4 | Kohls/Capital One | Last 4 digits of account number | 8547 | \$2,602.00 |
| | Nonpriority Creditor's Name | _ | | |
| | Attn: Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 05/13 Last Active 12/09/18 | |
| | Salt Lake City, UT 84130 | when was the dest incurred: | 12/09/10 | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | _ | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt | _ | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | manon agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | ■ Other Specify Credit card | - · | |
| | □ 169 | Other. Specify | paranaoo | |

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| Shiron Deloris Braden | Case number (if known) | | |
|--|---|---|------------|
| Lending Club Corporation | Last 4 digits of account number | 8672 | \$9,233.00 |
| Nonpriority Creditor's Name 71 Stevenson St Ste 300 San Francisco, CA 94105 | When was the debt incurred? | 04/8/2016 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| ☐ At least one of the deptors and another ☐ Check if this claim is for a community | Student loans | - Julii | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □ Yes | Other. Specify Collection | Account | |
| Mercury Card Services | Last 4 digits of account number | | \$3,387.00 |
| Nonpriority Creditor's Name 1415 Warm Springs Rd Columbus, GA 31904 | When was the debt incurred? | | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | d alata. | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| □ Yes | Other. Specify Credit card | | |
| Midland Funding | Last 4 digits of account number | 5422 | \$1,147.00 |
| Nonpriority Creditor's Name | _ | | |
| 2365 Northside Dr Ste 30 San Diego, CA 92108 | When was the debt incurred? | Opened 01/18 Last Active 12/25/18 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □ ves | Other Specify Collection | Account | |

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| 1 Shiron Deloris Braden | | Case number (if known) | |
|--|---|---|----------|
| Midland Funding | Last 4 digits of account number | 9748 | \$687.00 |
| Nonpriority Creditor's Name | _ | | |
| 2365 Northside Dr Ste 300 San Diego, CA 92108 | When was the debt incurred? | Opened 01/18 Last Active 12/24/18 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □Yes | Other. Specify Collection | Account | |
| OneMain Financial | Last 4 digits of account number | 5089 | Unknown |
| Nonpriority Creditor's Name Attn: Bankruptcy 601 Nw 2nd Street | When was the debt incurred? | Opened 01/17 Last Active 9/14/18 | |
| Evansville, IN 47708 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | • | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Note Loan | | |
| Professional Credit | Last 4 digits of account number | | \$121.00 |
| Nonpriority Creditor's Name 2892 Crescent Ave | When was the debt incurred? | | |
| Eugene, OR 97408 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| _ | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim. | |
| At least one of the debtors and another | Student loans | w Country | |
| ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| ls the claim subject to offset? | report as priority claims | adion agreement of divolce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □Yes | Other Specify Collection | Account | |

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| 1 Shiron Deloris Braden | | Case number (if known) | |
|--|--|---|----------|
| Summit Financial Corp | Last 4 digits of account number | 4423 | Unknow |
| Nonpriority Creditor's Name Attn: Bankruptcy Department 100 Nw 100th Avenue Plantation, FL 33324 | When was the debt incurred? | Opened 06/10 Last Active 2/09/12 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | ■ Other. Specify Collection | Account | |
| Sunbelt Credit | Last 4 digits of account number | 1051 | Unknov |
| Nonpriority Creditor's Name Attn: Bankruptcy 208 E. Main St. | When was the debt incurred? | Opened 1/09/06 Last Active 6/07/06 | |
| Spartanburg, SC 28306 | | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| \square Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharing | - ' | |
| Yes | Other. Specify Credit card | purchases | |
| Syncb/ Walmart | Last 4 digits of account number | | \$4,656. |
| Nonpriority Creditor's Name Po Box 965024 | When was the debt incurred? | | |
| Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharing | | |
| ☐ Yes | Other. Specify Credit card | purchases | |

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| Shiron Deloris Braden | | Case number (if known) | |
|---|---|--------------------------|------------------|
| Syncb/bp | Last 4 digits of account number | | \$420.0 |
| Nonpriority Creditor's Name Po Box 965024 | When was the debt incurred? | | |
| Orlando, FL 32896 | when was the dept incurred: | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| ☐ Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| Yes | ■ Other. Specify Credit card purchases | | |
| Sumah/DI CC | | 7139 | \$468.0 |
| Syncb/PLCC Nonpriority Creditor's Name | Last 4 digits of account number | | \$400. (|
| Attn: Bankruptcy | | Opened 08/16 Last Active | |
| Po Box 965060 | When was the debt incurred? | 11/21/18 | |
| Orlando, FL 32896 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | , | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | | |
| ☐ Yes | ■ Other. Specify Charge Account | | |
| O Dowle | | 2000 | * 4 000 (|
| Synchrony Bank Nonpriority Creditor's Name | Last 4 digits of account number | 3689 | \$1,308.0 |
| Attn: Bankruptcy | When we the debt incomed? | Opened 11/13 Last Active | |
| Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | 11/05/18 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | | |
| □ Yes | ■ Other. Specify Charge Account | | |
| □ 162 | ■ Other. Specify Charge Account | | |

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| Debtor 1 Shiron Deloris Braden | | | Case number (if known) | | | |
|--------------------------------|--|---|--|------------|--|--|
| 4.5 3 | Synchrony Bank/ JC Penneys | Last 4 digits of account number | 5706 | Unknown | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060 Orlando, FL 32896 Number Street City State Zip Code | When was the debt incurred? As of the date you file, the claim i | Opened 05/13 Last Active 3/25/18 s: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharin | | | | |
| | Yes | Other. Specify Charge Acc | count | | | |
| 4.5 4 | Synchrony Bank/ Old Navy Nonpriority Creditor's Name | Last 4 digits of account number | 1340 | Unknown | | |
| | Attn: Bankruptcy Po Box 965060 | When was the debt incurred? | Opened 3/10/16 Last Active 5/06/18 | | | |
| | Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit card | purchases | | | |
| 1.5 5 | Synchrony Bank/amazon | Last 4 digits of account number | | \$1,311.66 | | |
| | Nonpriority Creditor's Name P0 Box 960013 Orlando, FL 32896 | When was the debt incurred? | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharin | = : | | | |
| | ☐ Yes | Other. Specify Credit card | purchases | | | |

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| Debto | Shiron Deloris Braden | Case number (if known) | | | | | |
|----------|--|---|--|------------|--|--|--|
| 4.5 | Synchrony Bank/Amazon | Last 4 digits of account number | 8885 | \$1,618.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Number Street City State Zip Code | When was the debt incurred? As of the date you file, the claim i | | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharin | | | | | |
| | Yes | Other. Specify Credit card | purchases | | | | |
| 4.5 7 | Synchrony Bank/Care Credit | Last 4 digits of account number | 5277 | Unknown | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 4/04/14 Last Active 1/20/15 | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | |
| | No | Debts to pension or profit-sharin | a plans, and other similar debts | | | | |
| | ☐ Yes | ■ Other. Specify Credit card | = - | | | | |
| 4.5 | Synchrony Bank/jcp Nonpriority Creditor's Name | Last 4 digits of account number | | \$2,247.98 | | | |
| | P O Box 960090 Orlando, FL 32896 | When was the debt incurred? | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | |
| | Debtor 1 only | | | | | | |
| | ☐ Debtor 2 only | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | , | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | | | | | |
| | Is the claim subject to offset? | report as priority claims | malana and other startly 1111 | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin ☐ Other. Specify Credit card | | | | | |
| | Yes | | | | | | |

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| Shiron Deloris Braden | | Case number (if known) | |
|--|--|---|-----------|
| Synchrony Bank/Walmart | Last 4 digits of account number | 3216 | \$4,656.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 | When was the debt incurred? | Opened 03/17 Last Active 6/30/18 | |
| Orlando, FL 32896 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | , | | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Credit card | purchases | |
| Synchrony Bank/Walmart | Last 4 digits of account number | 7272 | Unknov |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 | | Opened 2/14/14 Last Active | |
| Orlando, FL 32896 | When was the debt incurred? | 3/28/17 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Credit card | purchases | |
| T D Bank/ Target | Lock A divite of account number | | \$2,826. |
| Nonpriority Creditor's Name | Last 4 digits of account number | | ΨΣ,0Σ0. |
| Po Box 673 Minneapolis, MN 55440 | When was the debt incurred? | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| • | Debts to pension or profit-sharin | or plans, and other similar debts | |
| ■ No | | | |
| Yes | Other. Specify Credit card | purcnases | |

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| Shiron Deloris Braden | | Case number (if known) | |
|--|---|--|---------|
| Vystar Credit Union | Last 4 digits of account number | 6496 | Unknowr |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 45085 Jacksonville, FL 32232 | Opened 02/12 Last Active 4/03/19 | | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Line Of Cre | dit | |
| Vystar Credit Union Nonpriority Creditor's Name | Last 4 digits of account number | 4564 | Unknown |
| Attn: Bankruptcy Po Box 45085 | When was the debt incurred? | Opened 01/19 Last Active 3/26/19 | |
| Jacksonville, FL 32232 Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | l alaim. | |
| At least one of the debtors and another | Student loans | i Claiiii. | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ■ No | Other. Specify Collection | - | |
| | | | |
| Vystar Credit Union Nonpriority Creditor's Name | Last 4 digits of account number | | Unknowr |
| Attn: Bankruptcy Po Box 45085 | When was the debt incurred? | Opened 02/12 Last Active 5/05/17 | |
| Jacksonville, FL 32232 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No No | ☐ Debts to pension or profit-sharin | | |
| Yes | ■ Other, Specify Collection | Account | |

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| Debto | or 1 Shiron Deloris Braden | | Case number (if known) | | | | | |
|-------------------------|---|--|---|---|--|--|--|--|
| 4.6 5 | Vystar Credit Union | Last 4 digits of account number | 0525 | Unknown | | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 45085 Jacksonville, FL 32232 | When was the debt incurred? | Opened 11/13 Last Active 2/13/19 | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | ■ Debtor 1 only | Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community debt | Student loans | | | | | | |
| | Is the claim subject to offset? | □ Obligations arising out of a separate of the priority claims | aration agreement or divorce that you did not | | | | | |
| | ■ No | ☐ Debts to pension or profit-shari | ng plans, and other similar debts | | | | | |
| | ☐ Yes | Other. Specify Credit card | | | | | | |
| | | Other. Specify | | | | | | |
| 4.6 6 | Webbank/fingerhut | Last 4 digits of account number | | \$1,530.00 | | | | |
| | Nonpriority Creditor's Name 6250 Rigdewood Road Saint Cloud, MN 56303 | When was the debt incurred? | | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separe propert as priority claims | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | | | | | |
| | ☐ Yes | Other. Specify Credit card | l purchases | | | | | |
| is try have notif | this page only if you have others to be notified ying to collect from you for a debt you owe to se more than one creditor for any of the debts the fied for any debts in Parts 1 or 2, do not fill out | about your bankruptcy, for a debt that someone else, list the original creditor in lat you listed in Parts 1 or 2, list the add or submit this page. | n Parts 1 or 2, then list the collection agency itional creditors here. If you do not have add | here. Similarly, if you | | | | |
| | and Address and Credit Management | On which entry in Part 1 or Part 2 did you Line 4.58 of (<i>Check one</i>): | ı list the original creditor? I Part 1: Creditors with Priority Unsecured Clain | ne | | | | |
| | Northside Drive Ste 300 | , | Part 2: Creditors with Nonpriority Unsecured Claim | | | | | |
| San I | Diego, CA 92108 | Last 4 digits of account number | 3527 | , in the second | | | | |
| Name | and Address | On which entry in Part 1 or Part 2 did you | ı list the original creditor? | | | | | |
| | and Credit Management | Line <u>4.29</u> of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Clain | ns | | | | |
| | Northside Drive Ste 300 | | Part 2: Creditors with Nonpriority Unsecured C | Claims | | | | |
| San i | Diego, CA 92108 | Last 4 digits of account number | 5422 | | | | | |
| Name | and Address | On which entry in Part 1 or Part 2 did you | list the original creditor? | | | | | |
| Midla | and Credit Management | · · · · · · · · · · · · · · · · · · · | Part 1: Creditors with Priority Unsecured Clain | ns | | | | |
| | Northside Drive Ste 300 | | Part 2: Creditors with Nonpriority Unsecured C | Claims | | | | |
| oan I | Diego, CA 92108 | Last 4 digits of account number | 9748 | | | | | |
| Namo | and Address | On which entry in Part 1 or Part 2 did you | Liet the original creditor? | | | | | |
| Oliph | nant Financial Second St Ste 603 | | Part 1: Creditors with Priority Unsecured Clain | ns | | | | |

Official Form 106 E/F

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Debtor 1 Shiron Deloris Braden

Case number (if known)

Sarasota, FL 34236

Last 4 digits of account number

■ Part 2: Creditors with Nonpriority Unsecured Claims

8672

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 65,158.27 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 65,158.27 |

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| Fill in this infor | | | | | |
|---------------------|--------------------------|--------------------|-----------|--|---------------------|
| Debtor 1 | | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or leas Name, Number, Street, City, State and ZIP Code | se State what the contract or lease is for |
|---|--|
| 2.1 Avia St. Johns Apartments 7925 Merrill Road Jacksonville, FL 32277 | Apartment Lease is not in Debtor's name. It is only in her daughter's name and she gives money to her daughter to pay the lease. |

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| Fill in this | information to identify you | ır case: | | | |
|---|---|---|--|--|---|
| Debtor 1 | Shiron Deloris I | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing | ng) First Name | Middle Name | Last Name | | |
| United Sta | ites Bankruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA | | |
| Case num (if known) | ber | | | | ☐ Check if this is an amended filing |
| | l Form 106H Iule H: Your Co | debtors | | | 12/15 |
| people are fill it out, a your name | filing together, both are eq | qually responsible for suppose boxes on the left. Attachn). Answer every question | olying correct informat In the Additional Page t I | ion. If more space is not this page. On the to | ate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write |
| 1. 50 | you have any codebiors: (| ii you are iiiiig a joiiit case, | do not list citrici spouse | as a codebior. | |
| ■ No □ Yes | 6 | | | | |
| Arizon No. | na, California, Idaho, Louisian Go to line 3. | a, Nevada, New Mexico, Pu | erto Rico, Texas, Wash | | y states and territories include |
| 3. In Col in line Form | e 2 again as a codebtor only | btors. Do not include your y if that person is a guaran | spouse as a codebtor tor or cosigner. Make | sure you have listed th | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and | ZIP Code | | Column 2: The cre | editor to whom you owe the debt |
| | | | | | |
| 3.1 | Name | | | □ Schedule D, lin □ Schedule E/F, l | |
| | | | | ☐ Schedule C, lin | |
| | Number Street City | State | ZIP Code | _ | |
| 2.2 | | | | □ Cakeadula D. P. | |
| 3.2 | Name | | | _ □ Schedule D, lin □ Schedule E/F, l | |
| | | | | ☐ Schedule G, lin | |
| - | Number Street | | | _ | |
| | City | State | ZIP Code | | |

| Fill | in this information to identify your c | ase: | | | | |
|--------------------|---|-------------------------------|---|--------------|-----------------------------|--|
| Del | otor 1 Shiron Delo | ris Braden | | _ | | |
| | otor 2 puse, if filing) | | | - | | |
| Uni | ted States Bankruptcy Court for the | E: MIDDLE DISTRICT O | F FLORIDA | _ | | |
| | se number nown) | | - | | | |
| 0 | fficial Form 106I | | | | MM / DD/ Y | YYY |
| S | chedule I: Your Inc | ome | | | | 12/15 |
| sup spo atta | as complete and accurate as posiplying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not filing wi | ng jointly, and your spouse is ith you, do not include inform | living with | n you, inclu ut your spo | ude information about your buse. If more space is needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | Debtor 2 | or non-filing spouse |
| | If you have more than one job, | Employment status | ■ Employed | | ☐ Emplo | pyed |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | | ☐ Not employed | |
| | employers. | Occupation | Contact Representative | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Department Of The Trea | sury | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | P. O. Box 60000 New Orleans, LA 70160 | | | |
| | | How long employed the | here? 21 Years, 2 Mon | nths | . <u> </u> | |
| Pai | t 2: Give Details About Mor | nthly Income | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If y | you have nothing to report for a | ny line, wri | te \$0 in the | space. Include your non-filing |
| | ou or your non-filing spouse have me e space, attach a separate sheet to | | ombine the information for all en | nployers fo | r that perso | n on the lines below. If you need |
| | | | | For De | ebtor 1 | For Debtor 2 or non-filing spouse |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | \$ | 4,883.65 | \$ N/A _ |
| 3. | Estimate and list monthly overt | ime pay. | 3. | +\$ | 0.00 | +\$ N/A |

Official Form 106I Schedule I: Your Income page 1

Calculate gross Income. Add line 2 + line 3.

4. **\$ 4,883.65**

N/A

| Deb | otor 1 | Shiron Deloris Braden | _ | Case | number (if known) | | | |
|-----|---------------|---|----------|------|-------------------|-------|-------------------------------|-------------|
| | | | | | | | | |
| | | | | For | Debtor 1 | | Debtor 2 or -filing spouse | |
| | Сор | y line 4 here | 4. | \$ | 4,883.65 | \$ | N/A | |
| 5. | List | all payroll deductions: | | | | | | |
| ٠. | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 977.21 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$_ | 38.57 | \$ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$_ | 48.21 | \$ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 219.48 | \$ | N/A | |
| | 5e. | Insurance | 5e. | \$ | 292.39 | \$ | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$_ | 0.00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | \$_ | 33.09 | \$ | N/A | |
| | 5h. | Other deductions. Specify: Fsa | 5h.+ | \$_ | | + \$_ | N/A | |
| | | Fegli | | \$_ | 19.83 | \$ | N/A | |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ _ | 1,672.18 | \$ | N/A | |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_ | 3,211.47 | \$ | N/A | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | N/A | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | N/A | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | \$ | 0.00 | \$ | N/A | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | N/A | |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$_ | 0.00 | + \$ | N/A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | N/A | |
| 10 | Calc | culate monthly income. Add line 7 + line 9. | 10. \$ | | 3,211.47 + \$ | | N/A = \$ | 3,211.47 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | - | | <u> </u> | J, Z 1 1.41 |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not cify: | depend | | • | | chedule J. 11. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaies | | | | | Combine | |
| 12 | Dos | ou expect an increase or decrease within the year after you file this form | 2 | | | | monthly | income |
| 13. | | No. Yes. Explain: | | | | | | |

| | | | | | , | | | |
|------------|-----------------------------|-------------------------------------|-----------------------------|---|--|------------------------|---|---|
| Fill | in this informa | tion to identify yo | our case: | | | | | |
| Deb | tor 1 | Shiron Delor | is Brade | n | | Che | eck if this is: | |
| | | | 10 2.440 | •• | | | An amended filing | |
| Deb | tor 2 | | | | | | | wing postpetition chapter |
| (Spo | ouse, if filing) | | | | | | 13 expenses as of | the following date: |
| Unit | ed States Bankr | uptcy Court for the | : MIDDLE | DISTRICT OF FLORIDA | | | MM / DD / YYYY | |
| Cas | e number | | | | | | | |
| (If kı | nown) | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | |
| S | chadula | J: Your l | Eynar | 202 | | | | 12/15 |
| Bo | as complete a | o. I OUI I | nossible | If two married people are | e filing together be | oth are ea | ually responsible fo | |
| info | ormation. If m | | eded, atta | ch another sheet to this t | | | | |
| Par | t 1: Descr | ibe Your House | hold | | | | | |
| 1. | Is this a join | it case? | | | | | | |
| | ■ No. Go to | line 2. | | | | | | |
| | ☐ Yes. Doe | s Debtor 2 live i | in a separ | ate household? | | | | |
| | □ No | 0 | | | | | | |
| | ☐ Ye | es. Debtor 2 mus | st file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | hold of De | ebtor 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| | Do not list De Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| 3. | Do your exp | enses include | _ | | | | | ☐ Yes |
| J. | expenses of | f people other to d your depende | han $_{oldsymbol{\square}}$ | No Yes | | | | |
| Par | t 2: Estima | ate Your Ongoi | na Monthi | v Expenses | | | | |
| Est exp | imate your ex | penses as of yo | our bankrı | iptcy filing date unless y y is filed. If this is a supp | ou are using this fo lemental <i>Schedule</i> | orm as a s J, check | supplement in a Cha the box at the top o | apter 13 case to report of the form and fill in the |
| Incl | lude expense | s naid for with r | non-cash | government assistance it | vou know | | | |
| the | value of such | n assistance and | | luded it on Schedule I: Y | | | v | |
| (Off | ficial Form 10 | 6I.) | | | | | Your exp | enses |
| 4. | | or home owners | | ses for your residence. In | nclude first mortgage | e 4. | \$ | 1,000.00 |
| | | led in line 4: | - | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | ¢ | 0.00 |
| | | rty, homeowner's | s. or renter | 's insurance | | 4a. 4b. | | 0.00 41.00 |
| | • | • | | pkeep expenses | | 4c. | · | 0.00 |
| | | owner's associat | | | | 4d. | | 0.00 |
| 5. | Additional n | nortgage payme | ents for yo | our residence, such as ho | me equity loans | 5. | \$ | 0.00 |

| Debtor 1 | Shiron Deloris Braden | Case num | ber (if known) | |
|-----------------------|---|------------------|--------------------|-------------------------|
| S. Util | ities: | | | |
| o. Util 6a. | Electricity, heat, natural gas | 6a. | \$ | 245.00 |
| 6b. | Water, sewer, garbage collection | 6b. | · — | 0.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | · | 400.00 |
| 6d. | Other. Specify: | 6d. | • | 0.00 |
| | od and housekeeping supplies | 7. | · | |
| | Idcare and children's education costs | 8. | \$ | 800.00 |
| | | o. 9. | \$ | 0.00 |
| | thing, laundry, and dry cleaning | | · — | 50.00 |
| | sonal care products and services | 10. | \$ | 75.00 |
| | dical and dental expenses | 11. | \$ | 75.00 |
| | nsportation. Include gas, maintenance, bus or train fare. not include car payments. | 12. | \$ | 125.00 |
| | ertainment, clubs, recreation, newspapers, magazines, and books | 13. | · | 30.00 |
| | aritable contributions and religious donations | 14. | · | 0.00 |
| | urance. | | Ψ | 0.00 |
| | not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | . Life insurance | 15a. | \$ | 0.00 |
| | . Health insurance | 15b. | | 0.00 |
| | . Vehicle insurance | 15c. | * | 122.00 |
| | . Other insurance. Specify: | 15d. | | 0.00 |
| | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | | Ψ | 0.00 |
| | city: | 16. | \$ | 0.00 |
| | allment or lease payments: | | | |
| 17a | . Car payments for Vehicle 1 | 17a. | \$ | 165.00 |
| 17b | . Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c | . Other. Specify: | 17c. | \$ | 0.00 |
| 17d | . Other. Specify: | 17d. | \$ | 0.00 |
| | ir payments of alimony, maintenance, and support that you did not report | | _ | 0.00 |
| | lucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106 | 6 I). 18. | · · | 0.00 |
| | er payments you make to support others who do not live with you. | | \$ | 0.00 |
| | ecify: | 19. | | |
| | er real property expenses not included in lines 4 or 5 of this form or on S | | | |
| | . Mortgages on other property | 20a. | | 0.00 |
| | . Real estate taxes | 20b. | · | 0.00 |
| 20c | . Property, homeowner's, or renter's insurance | 20c. | · | 0.00 |
| 20d | . Maintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| 20e | . Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| . Oth | er: Specify: Sirius XM | 21. | +\$ | 30.00 |
| 2. Cal | culate your monthly expenses | | | |
| | . Add lines 4 through 21. | | \$ | 3,158.00 |
| | . Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J | -2 | \$ | 5,100.00 |
| | | _ | · | 2 450 00 |
| 22C | . Add line 22a and 22b. The result is your monthly expenses. | | \$ | 3,158.00 |
| | culate your monthly net income. | | | |
| 23a | . Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 3,211.47 |
| 23b | . Copy your monthly expenses from line 22c above. | 23b. | -\$ | 3,158.00 |
| | | | | -, |
| 23c | . Subtract your monthly expenses from your monthly income. | | | F0 1- |
| | The result is your monthly net income. | 23c. | \$ | 53.47 |
| | | | | |
| | you expect an increase or decrease in your expenses within the year afte | | | o ou dooroos - ! |
| | example, do you expect to finish paying for your car loan within the year or do you expect ification to the terms of your mortgage? | your mortgage | payment to increas | e or decrease because o |
| | , | | | |
| 1 | | | | |
| 111 | Voc Explain pere. | | | |

| Fill in this informa | tion to identify your | case: | | | |
|--|--|--------------------------|---|--|--|
| Debtor 1 | | | | | |
| Dakta a O | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bank | ruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA | | |
| Case number | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official Form | 106Dec | | | | |
| | | n Individual | Debtor's Sch | nedules | 12/15 |
| If two married peor | ole are filing together | . both are equally respo | ensible for supplying corre | ect information. | |
| obtaining money o years, or both. 18 U | r property by fraud ir J.S.C. §§ 152, 1341, 1 | n connection with a banl | s or amended schedules. I kruptcy case can result in | Waking a false stateme fines up to \$250,000, o | ent, concealing property, or or imprisonment for up to 20 |
| Sign E | Below | | | | |
| Did you pay o | or agree to pay some | one who is NOT an attor | rney to help you fill out ba | nkruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. Nar | me of person | | | | otcy Petition Preparer's Notice, |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | | | | | |
| | | that I have read the sum | ımary and schedules filed | | nd Signature (Official Form 119) |
| that they are to | | that I have read the sum | nmary and schedules filed | | |
| that they are to X /s/ Shiron Shiron D | rue and correct. | that I have read the sum | • | with this declaration a | |

| Fill | in this inforn | nation to identify you | r case: | | | |
|-------------------|---|--|--|---|---|---|
| | btor 1 | Shiron Deloris E | | | | |
| | 5101 1 | First Name | Middle Name | Last Name | | |
| 1 | btor 2 buse if, filing) | First Name | Middle Name | Last Name | | |
| Un | ited States Bar | nkruptcy Court for the: | MIDDLE DISTRICT OF F | LORIDA | | |
| | | , , | | | | |
| 1 | se number nown) | | | | - | theck if this is an mended filing |
| Οſ | ficial Fo | rm 107 | | | | |
| | | | Affairs for Individ | duals Filing for B | ankruptcy | 4/19 |
| info | rmation. If m | | attach a separate sheet to | | equally responsible for sup additional pages, write you | |
| Pa | rt 1: Give D | etails About Your Ma | arital Status and Where You | Lived Before | | |
| 1. | What is you | r current marital statu | ıs? | | | |
| | ☐ Married ■ Not mar | ried | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No | | | | | |
| | _ | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | <i>1</i> . | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. stat | | | | | ity property state or territory ico, Texas, Washington and W | |
| | ■ No | | | | | |
| | ☐ Yes. Ma | ake sure you fill out Scl | nedule H: Your Codebtors (Ot | ficial Form 106H). | | |
| Pa | rt 2 Explai | n the Sources of You | r Income | | | |
| 4. | Fill in the tota | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part | | ndar years? |
| | □ No | | | | | |
| | Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$15,983.90 | ☐ Wages, commissions, bonuses, tips | |
| | ☐ Operating a business ☐ Operating a business | | | | | |

Official Form 107

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| De | btor 1 SI | niron Delori | s Braden | | Cas | e number (if known) | | |
|----|-----------------------------|---|---|--|--|--|---|--|
| | | | | | | | | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| | r last calei anuary 1 to | ndar year: December 3 | 1, 2018) | ■ Wages, commissions, bonuses, tips | \$59,329.22 | ☐ Wages, com bonuses, tips | missions, | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | | dar year befo December 3 | | ■ Wages, commissions, bonuses, tips | \$55,744.98 | ☐ Wages, com bonuses, tips | missions, | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | winnings. List each No | If you are filin | ng a joint cas | pensions; rental income; inter se and you have income that y ome from each source separa | ou received together, list it o | only once under De | ebtor 1. | J |
| | | | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Pa | rt 3: Lis | t Certain Pay | ments You | Made Before You Filed for | Bankruntev | | | |
| 6. | □ No. | Neither Deindividual properties of the Subject to Debtor 1 or | btor 1 nor E rimarily for a 90 days befo Go to line 7 List below e paid that cr not include o adjustmen r Debtor 2 c 90 days befo Go to line 7 List below e include pay | each creditor to whom you pai editor. Do not include paymer payments to an attorney for the ton 4/01/22 and every 3 years or both have primarily consu one you filed for bankruptcy, di | Imer debts. Consumer debted purpose." In dyou pay any creditor a total dayou pay any credito | in one or more pay gations, such as che or after the date or all of \$600 or more? | re? ments and th ild support ar f adjustment. you paid that | e total amount you nd alimony. Also, do creditor. Do not |
| | Creditor | 's Name and | Address | Dates of payme | nt Total amount paid | Amount you still owe | Was this p | ayment for |
| | 1795 K | ain Financia eenan Blvd nville, FL 32 | S Ste 103 | 3 months at \$165.00/month | \$495.00 | \$4,555.52 | ☐ Mortgag ☐ Car ☐ Credit C ☐ Loan Re ☐ Supplier ☐ Other | ard |

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Case number (if known)

| 7. | Within 1 year before you filed for bankrup <i>Insiders</i> include your relatives; any general pof which you are an officer, director, person a business you operate as a sole proprietor. alimony. | partners; relatives of any gen in control, or owner of 20% o | eral partners; partner r more of their voting | erships of which you | ou are a gener any managing a | al partner; corporations agent, including one for |
|---|---|--|--|--------------------------|----------------------------------|--|
| | No | | | | | |
| | ☐ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| В. | Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co | | ments or transfer a | nny property on a | account of a d | ebt that benefited an |
| | ■ No | | | | | |
| | ☐ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment ditor's name |
| Par | rt 4: Identify Legal Actions, Repossession | ons. and Foreclosures | | | | |
| | Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes. No Yes. Fill in the details. Case title Case number | | | | | t or custody |
| 10. | Within 1 year before you filed for bankrup Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address | Describe the Property | | oreclosed, garni Date | | d, seized, or levied? Value of the property |
| Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from you accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. | | | | | amounts from your | |
| | Creditor Name and Address | Describe the action the | creditor took | Date take | action was | Amount |
| 12. | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or No Yes | another official? | rty in the possessi | ion of an assigne | ee for the ben | efit of creditors, a |
| Par | rt 5: List Certain Gifts and Contributions | S | | | | |
| 13. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | | s with a total value | | s you gave | ? Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |

Debtor 1 Shiron Deloris Braden

Case number (if known)

| 14. | _ ' | ruptcy, | did you give any gifts or contributions with a tot | al value of more than | \$600 to any charity? |
|-----|--|-----------|--|-----------------------------------|---|
| | No☐ Yes. Fill in the details for each gift or of | contribut | tion | | |
| | Gifts or contributions to charities that is more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | total | Describe what you contributed | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | ıptcy or | since you filed for bankruptcy, did you lose any | thing because of the | ft, fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Describe the property you lost and | Descr | ibe any insurance coverage for the loss | Date of your | Value of property |
| | how the loss occurred Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | | | loss | lost |
| Par | t 7: List Certain Payments or Transfer | s | | | |
| | consulted about seeking bankruptcy or | prepari | id you or anyone else acting on your behalf pay ng a bankruptcy petition? 's, or credit counseling agencies for services require | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Cleaveland & Cleaveland, P.L. 10001 Gate Parkway North Jacksonville, FL 32246 jaxbankruptcy@cc-lawoffice.com | | Attorney Fees (Includes \$335.00 Filing Fee and \$33.00 Credit Report Fee) | 3/22/2019 | \$1,850.00 |
| | The Mesquite Group 2125 Martin Drive, Ste 200 Bedford, TX 76021 www.themesquitegroup.org | | Credit Counseling Course | 4/1/2019 | \$24.00 |
| 17. | Within 1 year before you filed for bankru promised to help you deal with your cree Do not include any payment or transfer that | ditors o | | or transfer any prope | erty to anyone who |
| | ■ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | | | | | |

Debtor 1 Shiron Deloris Braden

| Deb | otor 1 Shiron Deloris Braden | | | Case num | nber (if known) | |
|--|---|--|--|--------------------|---|---|
| | | | | | | |
| | Within 2 years before you filed for bankrupto transferred in the ordinary course of your bu Include both outright transfers and transfers ma include gifts and transfers that you have already | isiness or financial affo de as security (such as | airs? the granting of a s | | | |
| | No | | | | | |
| | ☐ Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address | Description and very property transfer | | payme | ribe any property or ents received or debts n exchange | Date transfer was made |
| | Person's relationship to you | | | para n | oneuge | |
| 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar devices.) No | | | d trust or similar device | of which you are a | | |
| | Yes. Fill in the details. | | | | | |
| | Name of trust | Description and v | alue of the prop | erty trans | sferred | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, Ins | truments, Safe Deposi | t Boxes, and Sto | rage Unit | ts | |
| | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, assoc No Yes. Fill in the details. | r other financial accou | nts; certificates | of deposi | | , , |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of Type of account number instrument | | nt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| | P O Box 182051 | | ☐ Checking 12/15/2018 ☐ Savings ☐ Money Market ☐ Brokerage ☐ Other | | \$0.00 | |
| 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other dep cash, or other valuables? No Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit o | r place other than you | r home within 1 y | ear befor | re you filed for bankrupt | cy? |
| | ■ No | | | | | |
| | ☐ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? |

| Johtor 1 | Shiron | Dolorio | Dradan |
|----------|--------|---------|--------|
| ノビいしい 1 | 3000 | Deions | DIAGEN |

Case number (if known)

| Par | Part 9: Identify Property You Hold or Control for Someone Else | | | | | |
|-----|---|--|---------------------------------------|-----------------------|--|--|
| 23. | . Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | |
| Par | t 10: Give Details About Environmental Informa | ation | | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the ai regulations controlling the cleanup of these substances. | ir, land, soil, surface water, ground | - . | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | | aw, whether you now own, operate, | or utilize it or used | | |
| | Hazardous material means anything an environment hazardous material, pollutant, contaminant, or s | | waste, hazardous substance, toxic | substance, | | |
| Rep | ort all notices, releases, and proceedings that yo | ou know about, regardless of wher | they occurred. | | | |
| 24. | Has any governmental unit notified you that you | ı may be liable or potentially liable | under or in violation of an environm | ental law? | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of site | Governmental unit | Environmental law, if you | Date of notice | | |
| | Address (Number, Street, City, State and ZIP Code) | Address (Number, Street, City, State and ZIP Code) | know it | | | |
| 26. | Have you been a party in any judicial or adminis | strative proceeding under any envi | ronmental law? Include settlements | and orders. | | |
| | No | | | | | |
| | Yes. Fill in the details. Case Title | Court or annual | Notice of the age | Status of the | | |
| | Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | |
| Par | t 11: Give Details About Your Business or Con | nections to Any Business | | | | |
| 27. | Within 4 years before you filed for bankruptcy, o | did you own a business or have an | y of the following connections to any | y business? | | |
| | ☐ A sole proprietor or self-employed in a t | rade, profession, or other activity, | either full-time or part-time | | | |
| | ☐ A member of a limited liability company | (LLC) or limited liability partnership | ip (LLP) | | | |
| | ☐ A partner in a partnership | | | | | |
| | ☐ An officer, director, or managing execut | ive of a corporation | | | | |
| | An owner of at least 5% of the voting or equity securities of a corporation | | | | | |

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| Debtor 1 Shiron Deloris Braden | | | Case number (if known) | |
|--------------------------------|--|---|---|---------|
| | | | | |
| | No. None of the above applies. Go to | Part 12. | | |
| | lacksquare Yes. Check all that apply above and fil | I in the details below for each business. | | |
| | Business Name Address | Describe the nature of the business | Employer Identification number Do not include Social Security number of | r ITIN. |
| | (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed | |
| 28. | Within 2 years before you filed for bankrup institutions, creditors, or other parties. | tcy, did you give a financial statement to | o anyone about your business? Include all fina | ancial |
| | ■ No □ Yes. Fill in the details below. | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | |
| Par | t 12: Sign Below | | | |
| are t | | false statement, concealing property, o | d I declare under penalty of perjury that the an or obtaining money or property by fraud in con years, or both. | |
| /s/ | Shiron Deloris Braden | | | |
| | iron Deloris Braden nature of Debtor 1 | Signature of Debtor 2 | | |
| Dat | e _April 26, 2019 | Date | | |
| Did : ■ N | | ent of Financial Affairs for Individuals Fi | ling for Bankruptcy (Official Form 107)? | |
| | | t an attorney to help you fill out bankrup | • | |

| Fill in this inform | mation to identify you | r case: | | |
|-------------------------------------|--|--|---|---|
| Debtor 1 | Shiron Deloris E | Braden | | |
| | First Name | Middle Name | Last Name | _ |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | _ |
| | | | | |
| United States Ba | ankruptcy Court for the: | MIDDLE DISTRIC | TOF FLORIDA | _ |
| Case number _ | | | | ☐ Check if this is an amended filing |
| | | | | aniended lilling |
| Official Fo | | on for Indiv | viduals Filing Under Cha | entor 7 |
| | | | riduals Filing Under Cha | 1 pter 7 12/15 |
| | ividual filing under ch e claims secured by y | - | out this form it: | |
| _ | sed personal property | | ot expired. | |
| You must file thi | s form with the court ever is earlier, unless | within 30 days after | you file your bankruptcy petition or by the c e time for cause. You must also send copies | |
| | eople are filing togeth | er in a joint case, bo | th are equally responsible for supplying cor | rect information. Both debtors must |
| Re as complete : | and accurate as noss | ihla If more snace is | needed, attach a separate sheet to this for | m. On the top of any additional pages |
| | our name and case n | | riceded, attach a separate sheet to this for | iii. On the top of any additional pages, |
| Part 1: List Yo | our Creditors Who Ha | wa Sacurad Claims | | |
| | | | | |
| 1. For any credit information be | • | Part 1 of Schedule D | : Creditors Who Have Claims Secured by Pr | operty (Official Form 106D), fill in the |
| | editor and the property | that is collateral | What do you intend to do with the proper secures a debt? | ty that Did you claim the property as exempt on Schedule C? |
| | | | | |
| _ | One Main Financial | | ☐ Surrender the property. | □No |
| name: | | | ☐ Retain the property and redeem it.☐ Retain the property and enter into a | ■ Yes |
| Description of | 2009 Saturn Aura | Xr 124700 | Reaffirmation Agreement. | – 165 |
| property | miles Vehicle: Gray | | ■ Retain the property and [explain]: | |
| securing debt: | venicle. Gray | | Continue to make regular payments | <u>s. </u> |
| Part 2: List Yo | our Unexpired Persor | al Property Leases | | |
| For any unexpire in the information | ed personal property on below. Do not list r | lease that you listed eal estate leases. Un | in Schedule G: Executory Contracts and Un expired leases are leases that are still in eff the trustee does not assume it. 11 U.S.C. § 3 | ect; the lease period has not yet ended. |
| Describe your u | ınexpired personal pr | operty leases | | Will the lease be assumed? |
| Lessor's name: | | | | □ No |
| Description of lea Property: | ased | | | ☐ Yes |
| Lessor's name: | | | | □ No |
| Description of lea | ased | | | LI NO |
| Property: | | | | ☐ Yes |
| Lessor's name: | | | | □ No |
| Official Form 108 | | Statement of In | tention for Individuals Filing Under Chapter | 7 page 1 |

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| Debtor 1 Shiron Deloris Braden | Case number (if known) |
|--|--|
| Description of the cond | |
| Description of leased Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Part 3: Sign Below | |
| Under penalty of perjury, I declare that I have indicated my intention about any p property that is subject to an unexpired lease. | property of my estate that secures a debt and any personal |
| χ /s/ Shiron Deloris Braden χ | |
| Shiron Deloris Braden Signature of Debtor 1 Signature of Debtor 1 | ture of Debtor 2 |
| Date Date | |

| Fill in this infor | mation to identify your case: | | | | as directed in this form and | l in Form |
|--|---|--|--------------------------------------|--|---|-----------------------------------|
| Debtor 1 | Shiron Deloris Braden | | 12 | 2A-1Supp: | | |
| Debtor 2 (Spouse, if filing) | | | | ■ 1. There is no p | presumption of abuse | |
| | Bankruptcy Court for the: Middle District of FI | orida | | applies will b | on to determine if a presul be made under <i>Chapter</i> 7 | • |
| Case number | | | | Calculation | (Official Form 122A-2). | |
| (if known) | | | | | Fest does not apply now be itary service but it could ap | |
| | | | | ☐ Check if this i | is an amended filing | |
| | <u>form 122A - 1</u> | | | | | |
| Chapter | 7 Statement of Your Curi | ent Mor | nthly Inc | ome | | 12/15 |
| attach a separat case number (if qualifying milita | and accurate as possible. If two married people ar e sheet to this form. Include the line number to wh known). If you believe that you are exempted from ry service, complete and file Statement of Exempt alculate Your Current Monthly Income | nich the additior a presumption | nal information a of abuse becau | applies. On the top one | of any additional pages, wri primarily consumer debts o | te your name and or because of |
| 1. What is y | our marital and filing status? Check one only | y. | | | | |
| ■ Not m | arried. Fill out Column A, lines 2-11. | | | | | |
| ☐ Marrie | ed and your spouse is filing with you. Fill out | both Columns | A and B, lines | 2-11. | | |
| | ed and your spouse is NOT filing with you. Y | - | • | | | |
| ☐ Livi | ing in the same household and are not legal | ly separated. I | Fill out both Co | lumns A and B, lin | es 2-11. | |
| per | ing separately or are legally separated. Fill on halty of perjury that you and your spouse are lending apart for reasons that do not include evading | gally separated | d under nonbar | kruptcy law that ap | pplies or that you and you | |
| 101(10A). For the 6 months, | erage monthly income that you received from all s r example, if you are filing on September 15, the 6-mo add the income for all 6 months and divide the total b the same rental property, put the income from that pro | onth period would by 6. Fill in the res | be March 1 thro sult. Do not include | ugh August 31. If the de any income amou | amount of your monthly incornt more than once. For examp | ne varied during ole, if both |
| | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| | ss wages, salary, tips, bonuses, overtime, a eductions). | nd commissio | ons (before all | \$ 4,664.7 | 5 \$ | |
| | and maintenance payments. Do not include pairs filled in. | ayments from | a spouse if | \$ | 0 \$ | |
| of you or from an u and room | Ints from any source which are regularly pair your dependents, including child support. Inmarried partner, members of your household, imates. Include regular contributions from a spoon of include payments you listed on line 3. | Include regular your depende | contributions nts, parents, | \$0.0 | 10 \$ | |
| 5. Net inco | me from operating a business, profession, o | | | | | |
| | | | otor 1 | | | |
| | ceipts (before all deductions) | \$ 0.00 -\$ 0.00 | | | | |
| | and necessary operating expenses hly income from a business, profession, or farm | | Copy here -> | \$ 0.0 | 0 \$ | |
| | me from rental and other real property | Ψ | оору у | | <u> </u> | |
| 5. 146t III60I | remai and eater real property | Deb | otor 1 | | | |
| Gross red | ceipts (before all deductions) | \$ 0.00 | | | | |
| | and necessary operating expenses | -\$ 0.00 | | | | |
| - | hly income from rental or other real property | \$ 0.00 | Copy here -> | \$ 0.0 | <u> </u> | |
| 7. Interest, | dividends, and royalties | | | \$ 0.0 | \$ | |

Official Form 122A-1

Case number (if known)

| | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing s | | |
|------|--|--|----------------|-------------------|-------------|-----------------------------------|-------------|-----------|
| 8. | Unemployment compensation | | | \$ | 0.00 | \$ | • | |
| | Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here: | t received was a ber | nefit under | | | | | |
| | For you\$ | | 0.00 | | | | | |
| | For your spouse \$ | · | | | | | | |
| | Pension or retirement income. Do not include any arbenefit under the Social Security Act. | | | \$ | 0.00 | \$ | | |
| 10. | Income from all other sources not listed above. Spa Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hu domestic terrorism. If necessary, list other sources on a total below. | Security Act or paym manity, or internatior | ents nal or | | | | | |
| | | | | \$ | 0.00 | \$ | | |
| | | | | \$ | 0.00 | \$ | | |
| | Total amounts from separate pages, if any. | | + | \$ | 0.00 | \$ | | |
| 11. | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column | • | \$ | 4,664.75 | + \$ | | Total incom | 4,664.75 |
| Part | 2: Determine Whether the Means Test Applies t | to You | | | | | incom | е |
| 12. | Calculate your current monthly income for the year | . Follow these steps | : | | | | | |
| | 12a. Copy your total current monthly income from line | 11 | | Сор | y line 11 l | nere=> | \$ | 4,664.75 |
| | Multiply by 12 (the number of months in a year) | | | | | | X | |
| | 12b. The result is your annual income for this part of the | e form | | | | 12b. | \$ | 55,977.00 |
| 13. | Calculate the median family income that applies to | you. Follow these st | eps: | | | | | |
| | Fill in the state in which you live. | FL | | | | | | |
| | Fill in the number of people in your household. | 3 |] | | | | | |
| | Fill in the median family income for your state and size | of household | J | | | 10 | • | 66,872.00 |
| | To find a list of applicable median income amounts, go for this form. This list may also be available at the bank | online using the link | | in the separa | ate instruc | 13. tions | \$ | |
| 14. | How do the lines compare? | | | | | | | |
| | 14a. Line 12b is less than or equal to line 13. C Go to Part 3. | on the top of page 1, | check box | (1, There is | no presum | ption of abus | Э. | |
| | 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2. | of page 1, check box | 2, The pr | esumption of | f abuse is | determined by | Form 1 | 22A-2. |
| Part | 3: Sign Below | | | | | | | |
| | By signing here, I declare under penalty of perjury | that the information | on this sta | atement and | in any atta | achments is tr | ue and c | orrect. |
| | X /s/ Shiron Deloris Braden | | | | | | | |
| | Shiron Deloris Braden Signature of Debtor 1 | | | | | | | |
| | Date April 26, 2019 MM / DD / YYYY | | | | | | | |
| | If you checked line 14a, do NOT fill out or file Form | m 122A-2 | | | | | | |
| | If you checked line 14h, fill out Form 122A-2 and t | | | | | | | |

Shiron Deloris Braden

Debtor 1

Debtor 1 Shiron Deloris Braden

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2018 to 03/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Department Of The Treasury

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$\,\frac{\\$49,231.68}{\\$63,491.12}\$ from check dated \$\,\frac{\\$9/27/2018}{\\$12/20/2018}\$.

This Year:

Current Year-to-Date Income: \$13,729.04 from check dated 3/28/2019.

Income for six-month period (Current+(Ending-Starting)): \$27,988.48 .

Average Monthly Income: \$4,664.75

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Middle District of Florida

| | | Middle District of Florida | | |
|-----|---------------------------------------|---|---------------------|-----------------------|
| re | Shiron Deloris Braden | Dobtor(s) | Case No. | 7 |
| | | Debtor(s) | Chapter | |
| | | | | |
| | VERIF | FICATION OF CREDITOR | MATRIX | |
| | | | | |
| ab | ove-named Debtor hereby verifies that | at the attached list of creditors is true and c | correct to the best | of his/her knowledge. |
| | A:1 00, 0040 | (a) Ohinan Dalaria Buadan | | |
| te: | April 26, 2019 | /s/ Shiron Deloris Braden | | |
| | | Shiron Deloris Braden | | |

Signature of Debtor

Shiron Deloris Braden PO Box 551301 Jacksonville, FL 32255 Capital One Bank Usa Na P O Box 30281 Salt Lake City, UT 84130 Comenity Bank/Lane Bryant Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Hillary Nichole Mesa Cleaveland & Cleaveland, P.L. 10001 Gate Parkway North Jacksonville, FL 32246

Capital One, N.a. P O Box 30253 Salt Lake City, UT 84130 Comenity Bank/VS Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Aaron's Sales & Lease Attn: Bankruptcy Po Box 100039 Kennesaw, GA 30156 Capital One/Dressbarn Po Box 30258 Salt Lake City, UT 84130 Comenity Bkl/Ulta Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218

American Express P O Box 981537 El Paso, TX 79998 Capital One/Justice Attn: Bankruptcy Po Box 30258 Salt Lake City, UT 84130 Comenity Capital Bank/HSN Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218

Belk Synchrony Bank/belk Po Box 530940 Atlanta, GA 30353 Chase P O Box 15298 Wilmington, DE 19850 Comenity Capital Bank/ulta P O Box 182120 Columbus, OH 43218

Best Buy/cbna P O Box 6497 Sioux Falls, SD 57117 Chase Card Services Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850 Comenity Capital/hsn P O Box 182120 Columbus, OH 43218

Bloomingdales Department P O Box 8218 Mason, OH 45040 Choice Recovery 1550 Old Henderson Road Suite 100 Columbus, OH 43220 Credit First National Assoc Attn: Bankruptcy Po Box 81315 Cleveland, OH 44181

Capital One P O Box 30281 Salt Lake City, UT 84130 Citibank/Best Buy Attn: Bankruptcy Po Box 790441 St. Louis, MO 63179 Credit One P O Box 98872 Las Vegas, NV 89193

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Citibank/Exxon Mobile Po Box 790034 Saint Louis, MO 63179 Credit One Bank Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193 Credit Service of Oregon Mercury Card Services Sunbelt Credit 1415 Warm Springs Rd Attn: Bankruptcy Dept Attn: Bankruptcy Po Box 1208 Columbus, GA 31904 208 E. Main St. Roseburg, OR 97470 Spartanburg, SC 28306 Dsnb Bloomingdales Midland Credit Management Syncb/ Walmart Attn: Recovery "Bk" 2365 Northside Drive Ste 300 Po Box 965024 Po Box 9111 San Diego, CA 92108 Orlando, FL 32896 Mason, OH 45040 Exxnmobil/citibank Cbna Midland Funding Syncb/bp Po Box 6497 2365 Northside Dr Ste 30 Po Box 965024 Sioux Falls, SD 57117 San Diego, CA 92108 Orlando, FL 32896 Fingerhut Midland Funding Syncb/PLCC Attn: Bankruptcy 2365 Northside Dr Ste 300 Attn: Bankruptcy Po Box 1250 San Diego, CA 92108 Po Box 965060 Saint Cloud, MN 56395 Orlando, FL 32896 First Coast Foot & Ankle Oliphant Financial Synchrony Bank Attn: Bankruptcy 8075 Gate Zpkwy W Ste 301 1800 Second St Ste 603 Jacksonville, FL 32216 Sarasota, FL 34236 Po Box 965060 Orlando, FL 32896 One Main Financial Synchrony Bank/ JC Penneys First Premier Bank Attn: Bankruptcy 1795 Keenan Blvd S Ste 103 Attn: Bankruptcy Po Box 5524 Jacksonville, FL 32246 Po Box 956060 Sioux Falls, SD 57117 Orlando, FL 32896 K Jordan Synchrony Bank/ Old Navy OneMain Financial Attn: Bankruptcy P O Box 2809 Attn: Bankruptcv Monroe, WI 53566 601 Nw 2nd Street Po Box 965060 Evansville, IN 47708 Orlando, FL 32896 Professional Credit Synchrony Bank/amazon Kohls/Capital One Attn: Bankruptcy P0 Box 960013 2892 Crescent Ave Po Box 30285 Eugene, OR 97408 Orlando, FL 32896 Salt Lake City, UT 84130

Summit Financial Corp

100 Nw 100th Avenue Plantation, FL 33324

Attn: Bankruptcy Department

Synchrony Bank/Amazon

Attn: Bankruptcy

Orlando, FL 32896

Po Box 965060

Lending Club Corporation

71 Stevenson St Ste 300

San Francisco, CA 94105

Synchrony Bank/Care Credit Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Synchrony Bank/jcp P O Box 960090 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

T D Bank/ Target Po Box 673 Minneapolis, MN 55440

Vystar Credit Union Attn: Bankruptcy Po Box 45085 Jacksonville, FL 32232

Webbank/fingerhut 6250 Rigdewood Road Saint Cloud, MN 56303 B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of Florida

| In re | Shiron Deloris Braden | | Case N | 0. | | | |
|--------|--|---|---|--|-------------------|--|--|
| | | Debtor(s) | Chapte | r 7 | | | |
| | DISCLOSURE OF COMPENSA | ATION OF ATTO | RNEY FOR | DEBTOR(S) | | | |
| c | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of or | I certify that I am the attor f the petition in bankruptcy | rney for the above : | named debtor(s) and to me, for service | | | |
| | For legal services, I have agreed to accept | | | 1,850.00 | | | |
| | Prior to the filing of this statement I have received | | | 1,850.00 | | | |
| | Balance Due | | | 0.00 | | | |
| 2. \$ | 335.00 of the filing fee has been paid. | | | | | | |
| 3. T | The source of the compensation paid to me was: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 4. T | The source of compensation to be paid to me is: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| | • | | | | | | |
| 5. | I have not agreed to share the above-disclosed compensation | ation with any other person | n unless they are m | embers and associate | s of my law firm. | | |
| [| □ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names | | | | ny law firm. A | | |
| 6. I | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | | |
| b c | Analysis of the debtor's financial situation, and rendering Preparation and filing of any petition, schedules, stateme Representation of the debtor at the meeting of creditors a [Other provisions as needed] Negotiations with secured creditors to reduagreements and applications as needed. | nt of affairs and plan which nd confirmation hearing, a | th may be required and any adjourned | hearings thereof; | | | |
| 7. E | By agreement with the debtor(s), the above-disclosed fee do Work for amendments, adversarial proceed determine dischargeability, or other non-sta chapter, Rule 2004 examinations, or similar | ings, such as actions andard core proceedir | for violation of | | | | |
| | C | CERTIFICATION | | | | | |
| | certify that the foregoing is a complete statement of any agankruptcy proceeding. | reement or arrangement for | or payment to me for | or representation of th | ne debtor(s) in | | |
| A | pril 26, 2019 | /s/ Hillary Nicho | | | | | |
| Date | | Hillary Nichole N Signature of Attorn Cleaveland & Cl | ey eaveland, P.L. | | | | |
| | | 10001 Gate Park Jacksonville, FL | | | | | |
| | | 904-642-2040 F | ax: 904-642-204 | | | | |
| | | jaxbankruptcy@ | cc-lawoffice.co | m | | | |
| | | Name of law firm | | | | | |